

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/913459
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4	2		2			
5	2		1			
6	2		1			
7	2		1			
8	1		1			
9	1		1			
10	2		2			
11	1		1			
12	1		1			
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TOTAL IND.	4		4			
TOTAL DEP.	10	↔	12	↔	11	↔
TOTAL CLAIMS	14	████████	16	████████	15	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████		████████		████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS